

INSTRUCTOR/COORDINATOR  
APPLICATION



1. Name: \_\_\_\_\_  
(Last Name) (First Name) (MI)

2. Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Daytime Phone#: (\_\_\_\_\_) \_\_\_\_\_ Cell phone# (optional) \_\_\_\_\_

4. E-Mail Address \_\_\_\_\_ 5. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

6. Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ The following statement is made pursuant to the Privacy Act of 1974, §7(b):  
Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA §175 as authorized by the Tax Reform Act of 1976 (46 USC, §405(c)(2)(C)(i)) and for child support enforcement purposes pursuant to 42 USC § 666(a)(13)(A) and 19-A M.R.S.A. §§2104, 2201. Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes and/or to the Department of Human Services Division of Support Enforcement and Recovery for use in child support enforcement procedures. No further use will be made of your social security number. It shall be treated as confidential tax information pursuant to 36 MRSA §191 and confidential support enforcement information pursuant to 19-A MRSA §2152.

7. Do you now hold, or have you ever held, a Maine EMS license at any level? yes: \_\_\_\_\_ no: \_\_\_\_\_

If yes, what is the: license number? \_\_\_\_\_ license level? \_\_\_\_\_ expiration date? \_\_\_\_\_

8. Do you now hold, or have you ever held, Maine EMS I/C certification or licensure at any level? Y: \_\_\_\_\_ N: \_\_\_\_\_

If yes, what is the: I/C number? \_\_\_\_\_ I/C level? \_\_\_\_\_ expiration date? \_\_\_\_\_

9. For what I/C level are you applying?

\_\_\_\_ Lead Instructor - BLS      \_\_\_\_ Lead Instructor - Intermediate      \_\_\_\_ Lead Instructor - Paramedic

10. With what EMS services are you affiliated? (List service#) \_\_\_\_\_ (If you are not affiliated with an EMS Service, submit documentation showing 3 years experience in emergency or critical care medicine)

11. What type of training are you using for licensure? (Attach certificate or CEH report)

\_\_\_\_ Maine EMS approved initial course  
\_\_\_\_ Maine EMS approved Continuing Education Hours (CEH)  
\_\_\_\_ Other (Complete section B on reverse side)

12. Have you ever been convicted\* of any criminal offense\*\*? \_\_\_\_\_ Yes \_\_\_\_\_ No

(\*“Convicted” means a finding of guilty, or a finding of not guilty by reason of insanity or mental disease or defect.

\*\*\*“Criminal offense” is one that is punishable by a possible period of incarceration, whether or not such a sanction is imposed. Criminal offenses include, but are not limited to, Operating Under the Influence or Operating After Suspension.)

13. Have you ever been found to have committed a civil infraction involving use or possession of illegal drugs? \_\_\_\_\_ Yes \_\_\_\_\_ No

14. Are charges pending against you in any state or Federal court? \_\_\_\_\_ Yes \_\_\_\_\_ No

15. Have you ever had any action taken against any professional license or certification you currently hold or have ever held? \_\_\_\_\_ Yes \_\_\_\_\_ No

(Complete section C on the reverse side if you answered “yes” to any of questions, 12, 13, 14 or 15 above. Failure to provide this information may result in certification/license revocation)

16. I certify that the statements contained in this application are correct to the best of my knowledge and that I am eligible for Instructor Coordinator certification at the level requested in accordance with Maine statutes and EMS rules. I also understand that making a false statement that I do not believe to be true on this application or knowingly creating or attempting to create a false impression by omitting information necessary to prevent this application from being misleading constitutes a criminal offense, and may be prosecuted as, among other offenses, unsworn falsification pursuant to 17-A M.R.S.A. § 453 (Class D) and may also result in disciplinary action against my certification/license by Maine EMS.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY

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☐ Logged  
☐ Entered  
☐ Flagged  
☐ Issued

Approved by: \_\_\_\_\_

Course date: \_\_\_\_\_

CEH date: \_\_\_\_\_

Reciprocity State: \_\_\_\_\_

Comments: \_\_\_\_\_

**Section B: Out-of-State Training Courses/Certifications/Licenses Submitted to Maine EMS for Approval. This section is to be completed only if the applicant has not completed the State of Maine course and requirements.**

**IMPORTANT NOTE: APPLICANTS REQUIRED TO COMPLETE THIS SECTION FOR INITIAL MAINE EMS INSTRUCTOR/COORDINATOR CERTIFICATION MUST ENCLOSE, WITH THEIR APPLICATION PACKAGE, A NON-REFUNDABLE ADMINISTRATIVE FEE OF \$50.00. PLEASE MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO: TREASURER, STATE of MAINE.**

**1. Are you currently licensed/certified as an Instructor or Instructor/Coordinator in another State?** \_\_\_\_\_ YES \_\_\_\_\_ NO

a. If you answered "Yes" above:

- i. in what State was your license /certificate issued? \_\_\_\_\_(Attach copy of State License/Certification)  
ii. was the license issued based upon training completed in the State of issue or based upon reciprocity from another state?

\_\_\_\_\_ Based upon Training \_\_\_\_\_ Based upon reciprocity from: \_\_\_\_\_

**2. If you answered "Yes" above, was your state license/certification based upon completion of a standardized program following DOT guidelines, the New England Council for EMS I/C program, or based upon a combination of training and allied healthcare experience/licensure?**

\_\_\_\_\_ Based upon a standardized course \_\_\_\_\_ Based upon the New England Council for EMS I/C course

\_\_\_\_\_ Based upon training and allied healthcare experience/licensure

**3. If you are not: currently licensed/certified as an I/C in another state, submit the following to Maine EMS :**

- ☒ Course completion certificate with outline(s) and syllabus; list completion date of the course you are submitting for approval. \_\_\_\_\_  
☒ Name, address, and contact person/telephone number of the training entity where you received your EMS I/C education  
☒ Documentation showing 3 years experience in emergency or critical care medicine, and education consistent with current curriculum at the level of requested licensure.

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**Section C: History of convictions, pending charges, or action taken against a professional license**

If you answered yes to any of questions 12, 13, 14 or 15, you must provide the information requested below. (Attach additional sheets if necessary):

Type of Offense/Violation	Date of Offense	Place of Offense	Name and Location of Court or Licensing Authority	Sentence/Action and Date of Sentence/Action.
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**Please type or print clearly (in ink) and make sure you have: completed all required sections of this application; attached all documentation requested; and, enclosed the correct fee (if applicable). Return your signed application (photocopied signatures cannot be accepted) to:**

**Maine EMS  
Maine Commerce Center  
45 Commerce Drive, Suite 1  
152 State House Station  
Augusta, Maine 04333-0152**

**Tel (207) 626-3860**